

**TOWN OF EAST LYME  
ZONING**

PO Box 519  
Niantic, CT 06357  
(860) 691-4114  
Fax: (860) 691-0351

**ARCHITECTURAL DESIGN REVIEW APPLICATION**

Date of Application: \_\_\_\_\_ Zone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Location of Affected Premises: \_\_\_\_\_ Assessor's Map/Block/Lot: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Volume/Page: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Architectural Design Details and Specifications (Attach separate page if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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**Below this line for Office Use Only:**  
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Site Plan Attached \_\_\_\_\_

Design Characteristics Attached \_\_\_\_\_

Approval subject to conditions below: 1. _____ 2. _____ 3. _____  Date: _____ Attest _____ East Lyme Zoning Chairman/Zoning Official
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